10-18-0 6

PTO/SB/21 (09-04)
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## TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/682,332
Filing Date	October 8, 2003
First Named Inventor	David L. SHELTON
Art Unit	1647
Examiner Name	J. Lockard
Attorney Docket Number	514712000600

ENCLOSURES (Check all that apply)							
	mittal Form + duplicate e processing (2 pages)	Drawing(s)		After Allowance Communication to TC			
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
X Amendment pages)	nt/Reply + attachment (24	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After	Final	Petition to Convert to a Provisional Application		Proprietary Information			
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence		Status Letter			
x Extension of Time Request (1 page)		Terminal Disclaimer		Other Enclosure(s) (please Identify below):			
Express Abandonment Request		Request for Refund		Return Receipt Postcard			
Information Disclosure Statement		CD, Number of CD(s)	•				
Certified Copy of Priority Document(s)		Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application		Remarks					
Reply to Missing Parts under							
	SIGNATI	JRE OF APPLICANT, ATTOR	RNEY, OR	AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)						
Signature	Signature						
Printed name	Jie Zhou						
Date October 16, 2006			Reg. No.	52,395			

Express Mail, Airbill No. EV 581427634	n any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as US, on the date shown below in an envelope addressed to:
Dated: October 16, 2006	nts, P.O. Box 1450, Alexandria, VX 22313-1450. Signature: (Lori Sims)

PTO/SB/17 (01-06) Approved for use through 7/31/2006. OMB 0651-0032

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FEE TRANSMITTAL			Complete if Known					
				Application Number		10/682,332		
			Filing Date		October 8, 2003			
F	or FY 2006	3	First Named	Inventor	David L. SHELTON			
	···		Examiner Na	Examiner Name		J. Lockard		
Applicant claims	small entity status. S	See 37 CFR 1.27	Art Unit	Art Unit 1647		347		
TOTAL AMOUNT OF	PAYMENT	(\$) 450.00	Attorney Doc	Attorney Docket No. 5147120006			00	
METHOD OF PAY	IENT (check all the	nat apply)						
Check Cre	dit Card M	Ioney Order	lone Oth	er (please ide	entify):			
x Deposit Account	Deposit Account Numb	er: 03-1952 Deposit	Account Name:	M	orrison & Foerst	er LLP		
For the above-	identified deposit a	ccount, the Directo	r is hereby autho	rized to: (ch	eck all that apply)			
X Charge f	ee(s) indicated bel	ow	Ch	arge fee(s) i	ndicated below, ex	cept for t	he filing fee	
	ny additional fee(s	) or underpayment	of x Cre	edit any over	payments			
FEE CALCULATIO			on filing or m	av be sub	iect to a surcha	rge.)		
1. BASIC FILING, SEA					<b>,</b>			
			EARCH FEES		INATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	(\$) Small Enti	ity Fee (\$	Small Entity ) Fee (\$)	Fees I	Paid (\$)	
Utility	300	150 50		200	100	10001	<u> </u>	
Design	200	100 10		130	65			
Plant	200	100 30		160	80			
Reissue	300	150 50		600	300			
Provisional	200	100	0   250	000	0			
2. EXCESS CLAIM FE		100	0 0	v	V		Small Entity	
Fee Description	.23					Fee (\$)	Fee (\$)	
Each claim over 20 (in	cluding Reissues)					50	25	
Each independent clair	-					200	100	
Multiple dependent cla		-				360	180	
Total Claims E	xtra Claims F	ee (\$) Fe	e Paid (\$)	<u>!</u>	Multiple Depende	nt Claims		
16 - 20 =	0 x 5	0.00 =	0.00	<u>!</u>	Fee (\$) <u>F</u>	ee Paid (\$	<u>5)</u>	
HP = highest number of to	tal claims paid for, if gr	eater than 20.		_3	860.00_	0.00		
Indep. Claims E	xtra Claims F	ee (\$) Fe	e Paid (\$)					
3 -3=		00.00 =	0.00					
HP = highest number of in-	dependent claims paid	for, if greater than 3.						
3. APPLICATION SIZE					C1 1			
If the specification ar	id drawings exceed	d 100 sheets of pap application size fee	er (excluding ele	ctronically	filed sequence or	computer	0	
sheets or fraction	thereof. See 35 U.	.S.C. 41(a)(1)(G) a	nd 37 CFR 1.16(	s).	ching) for each a	iditional 5	o .	
Total Sheets	Extra Sheets		n additional 50 or		eof Fee (\$)	Fee	Paid (\$)	
	=				-	=		
100 = /50 (round up to a whole number) x =								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00								
SUBMITTED BY	· · · · · · · · · · · · · · · · · · ·	· <u>-</u>						
Signature	5		Registration No. (Attorney/Agent)	52,395	Telephone	(650) 81	3-5922	
Name (Print/Type) Jie Z	1 (r.manie)v.derg)	· · · · · · · · · · · · · · · · · · ·	<del></del>	October 1				
1 018 2		<del> </del>						